

ELDER INTAKE FORM

Today's Date: _____

Last Name: _____

First Name: _____ MI: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

CONTACT INFORMATION:

Street Address: _____

City: _____ State: _____

Zip Code: _____ Phone Number: _____

Email Address: _____

SPOUSE & EMERGENCY CONTACT INFORMATION

Marital Status: ☐ Married ☐ Divorced/Separated ☐ Widowed

☐ Single: ☐ Unknown

Spouse's Name: _____

Spouse's Date of Birth: _____

Name of Emergency Contact (1): _____

Phone: _____

Name of Emergency Contact (2): _____

Phone: _____

COMMUNICATION INFORMATION

Primary Language: ☐ Tribal ☐ English ☐ Spanish

☐ Other ☐ Unknown

Preferred Communication Method: ☐ Written ☐ Oral

Does the elder have basic literacy skills (those necessary to perform simple and everyday literacy activities)?

☐ Yes ☐ No

HOUSING INFORMATION

Type of Housing: ☐ House ☐ Apartment ☐ Community Housing

☐ Other ☐ Unknown

Housing Composition: ☐ Lives with spouse ☐ Lives with family/friends

☐ Lives Alone ☐ Other ☐ Unknown

Number in household:

Grandchildren in Household: ☐ Yes ☐ No

If yes, how many grandchildren? _____

DIETARY INFORMATION

In need of home-delivered meals (frail or home-bound): ☐ Yes ☐ No

Food allergies (if any): _____

Special dietary considerations: _____

HEALTH INFORMATION

Elder has the following chronic health concerns:

- | | | | |
|--|---|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Dementia | <input type="checkbox"/> Deabetes | <input type="checkbox"/> Falls |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Hypertension | |
| <input type="checkbox"/> Other: _____ | | | |
| _____ | | | |

Elder takes the following medications and at what frequency: _____

MISCELLANEOUS

Income (voluntary): _____

Primary Transportation: ☐ Provides own transportation ☐ Relies on family/friends
☐ Uses Tribal Transportation ☐ Other ☐ Unknown

Elder's concerns: _____

Services the elder needs or is interested in: _____
